FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769876** **(4)**

1. Corporation Name
BRETT A. CHAFFIN OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
RT. 4 BOX 537 THOMASVILLE GA 31792	P.O. BOX 2777 THOMASVILLE FL 31799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2297976 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 X Brett A. Chaffin Outreach Min Inc.	26 P.O. Box 346230
Suite, Apt. #, etc. 22 X8241 Snowhill Ct.	Suite, Apt. #, etc. 27
City & State 23 X Westerville OH	City & State 28 Columbus OH
Zip / Country 24 X43081 / 25	Zip / Country 29 43234-6230 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLSON, JOHN W. 5848 CREST LANE LAKELAND FL 33813	81 Name: Mrs Glenn Chaffin 82 Street Address (P.O. Box Number is Not Acceptable): 4822 30th ST. Court East 83 84 City: Bradenton FL 85 Zip Code: 34203

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] X 4-6-95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CHAFFIN, BRETT A., REV.	1.2 NAME	Chaffin, Brett A., Rev	
STREET ADDRESS	ROUTE 4, BOX 537	1.3 STREET ADDRESS	8241 Snowhill Ct	
CITY-ST-ZIP	THOMASVILLE GA	1.4 CITY-ST-ZIP	Westerville, OH 43081	
TITLE	D	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	WALLER, GEORGE R.	2.2 NAME	Chaffin, Anne Marie	
STREET ADDRESS	4912 GARTH ROAD	2.3 STREET ADDRESS	8241 Snowhill Ct	
CITY-ST-ZIP	HUNTSVILLE AL	2.4 CITY-ST-ZIP	Westerville, OH 43081	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAFFIN, ANNE MARIE	3.2 NAME		
STREET ADDRESS	RT. #4, BOX 537	3.3 STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	VARNEDOR, HEETH	4.2 NAME		
STREET ADDRESS	1308 LOVERS LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	THOMASVILLE GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Brett A Chaffin / Brett A. Chaffin X 4-3-95 (614)885-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079848